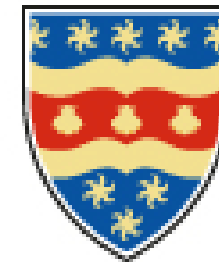


What are the lived experiences and challenges faced by homeless adults in accessing adequate foot care services, and how do these experiences impact their overall well-being and quality of life. A qualitative study of adults currently homeless in Plymouth Devon.

Joanna Bower



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PLYMOUTH**

What are the lived experiences and challenges faced by homeless adults in accessing adequate foot care services, and how do these experiences impact their overall well-being and quality of life. A qualitative study of adults currently homeless in Plymouth Devon.

Aim

To explore the understanding and life experiences of adults who are currently homeless in respect of their foot health and access to foot care services.

Objectives

- To investigate how homeless adults make sense of the obstacles faced when accessing foot care services.
- To evaluate the thoughts of people who are homeless and what they think about their experiences of maintaining foot health, hygiene practices, and accessing foot care services.
- To gain insight into the foot care needs of adults who are currently homeless.



Homelessness

The number of people sleeping rough is now 61% higher than it was ten years ago and 120% higher than when data collection began in 2010 (Crisis, 2024)

2,400 people in England are sleeping rough on any given night, 15,000 people are in hostels or supported accommodation and nearly 250,000 are living in temporary accommodation – most of whom are families (Shelter, 2023)

June 2024 8,309 people sleeping rough – up 15% on June 2023 and up 13% since March 2024

(Gov.UK 2024)

People experiencing homelessness are known to suffer from poor health and can be reluctant to seek healthcare (Mullins *et al*, 2022)

PATH

2022/23 evidenced 385 people sleeping rough in Plymouth, an increase of 14.5% on the previous year. 310 Male 75 Female 219 had a local connection to Plymouth (Plymouth Access to Housing, 2024)

Impact of homelessness on foot health



- Alcohol/ Drug/ Smoking misuse
- Mental Health Issues
- Walking long distances
- Exposure to the elements
- Poor nutrition
- Difficulty in maintaining good hygiene
- Poor footwear and socks
- Difficulty accessing healthcare and podiatry (Queens Nursing Institute, 2022)



Limited UK research on access to foot care within the homeless community

- D'Souza MS, O'Mahony J, Achoba A. Exploring Foot Care Conditions for People Experiencing Homelessness: A Community Participatory Approach. *Journal of Primary Care & Community Health*. 2022;13. doi:[10.1177/21501319211065247](https://doi.org/10.1177/21501319211065247)
- Mullins, R. M., Mannix, R. E., Marshall, N. J. & Lewis, V. J. (2022) 'Responding to foot health needs of people experiencing homelessness: the role of a publicly funded community-based podiatry service'. *J Foot Ankle Res*, 15 (1), pp. 15-15.
- To, M. J., Brothers, T. D. & Van Zoost, C. (2016) 'Foot Conditions among Homeless Persons: A Systematic Review'. *PloS one*, 11 (12), pp. e0167463.
- All report similar findings
- Footcare problems are reported.
- There is a need for intervention and access to foot care.
- Barriers exist to this access.

Methodology

Qualitative Study

Interpretive Phenomenological Analysis (Smith, Flowers, & Larkin, 2022)

Aspect

IPA

Depth of Analysis

In-depth exploration of individual experiences

Approach

Idiographic (individual focus)

Interpretation

Double hermeneutic (researcher interprets participants' interpretations)

Psychological Focus

Strong psychological orientation

Theoretical Basis

Phenomenological and hermeneutic philosophies

Suitability for Large Data Sets

Less suited due to in-depth focus per case

Purposive Sampling

- Selection (5 men 2 women all rough sleepers)
- In-depth verbal interviews using semi-structured questions of 7 rough sleeping homeless adults (Braun & Clarke, 2013).
- Purposive sampling, the selection of participants who have direct experience with the phenomenon under study, ensuring a rich and detailed exploration of their experiences (Cresswell & Plano Clark, 2011).

Framework			
Population	Rough Sleepers Plymouth	Attending Drop in Centre Plymouth	
Inclusion Criteria	Rough Sleepers Plymouth	Adults over 18	English Speaking
Exclusion Criteria	Homed Adults	Under 18	Non English Speaking

Participants Characteristics

Males

Age	History of Foot Problems	History of Ill Health
45	Yes	ADHD PTSD
62	Yes	COPD Restless Leg Syndrome
40	Yes	Mental Health Neuropathy Nonhealing Wounds
61	Yes	Chronic Pain, OA, Mental Health
30	Yes	Mental Health

Females

Age	History of Foot Problems	History of Ill Health
38	Yes	Mental Health Asthma
55	Yes	Anxiety T2DM HBP



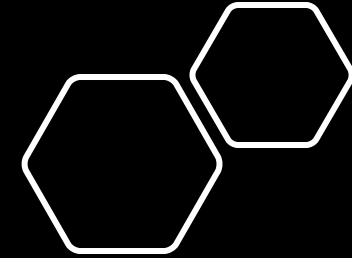
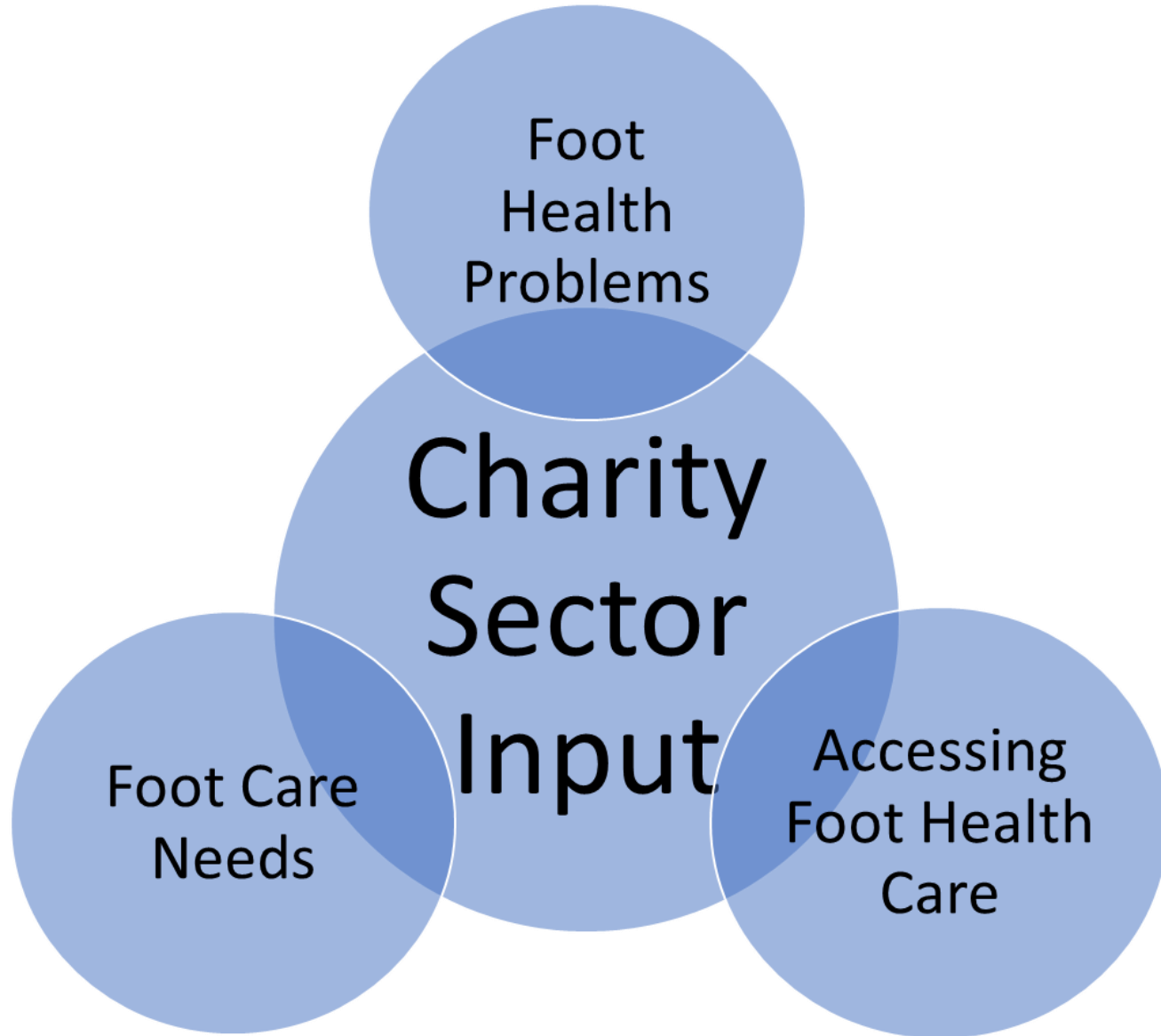
Data Collection of 7 interviews



- Transcription verbatim
- Exploratory Notes
- Line by Line analysis
- Single case then across multiple cases
- Development of Experiential statements/clustering thematic development
- Experiential themes
- **Development of a full narrative**
- **Collaboration to develop plausibility of the interpretation**



IPA IDENTIFIED THEMES



KEY FINDINGS

- **Key Findings**
- **Foot Care Needs:**
 - Feet are important as serve as the main mode of transport
 - It's hard to care for feet on the streets
 - Difficulty maintaining hygiene and accessing appropriate footwear
 - Lack of awareness about available services
- **Foot Health Problems:**
 - All interviewed reported foot health problems
 - Life is too difficult to think about foot health
 - Given space to talk – acknowledged the significance of foot health
- **Accessing foot care:**
 - Lack of patient-centred care making access impossible
 - Practical issues like transportation and service availability create barriers
 - Stigma and judgment in healthcare settings clearly identified
- **Charity Sector Input :**
 - Help is seen as vital and a lifeline- making life possible.
 - Lack of trust in NHS, Councils, Authority.



Interpretation of Findings

Hardship of being homeless becomes a normality – no expectations of life being anything else.

Acceptance of ill health – self-inflicted, make the best of the situation, nothing can improve it.

Stoical in adversity – do not want to be a burden on anyone . Protective barriers in place.

Appreciative of any forthcoming help – Charity sector, Forgotten Feet, Soup Kitchen, Salvation Army, Street Vets

Self Sufficient

Invisible

SAD



Meaningful Statements from the Interviews

Bob *"Well it's hard work, I don't look after my feet as much as I probably would like to. I don't think, obviously I'm in a terrible state"*

Gary *"I'm pretty sure I know how to look after my feet, but I just don't do it"*

Gary *"Going down a rabbit hole, scoring, and taking and scoring again and then going round in a vicious circle, and ruining the weekIt makes me look like an arsehole"*

Anne *"I'm stressed because I want to move on and sort myself out but I sometimes don't see the point"*

Eve *"life has been absolute hellthe weather.....that has been really depressing"*

Bob *"know when you feet are hurting it affects everything, affects your mood, it affects, you know. So, you know, it's right down to the insoles and stuff, you know, when your arches feel like they're falling all the way, you know, the achy feet sort of thing"*



Thank You Any Questions